

Urban District of Stanley



# ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(D. WALKER, Cert. R.S.H., A.R.S.H., M.A.P.H.I.)

1964

WAKEFIELD

W. H. MILNES (SUCCS.) LTD.





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**STANLEY URBAN DISTRICT COUNCIL**

\* \* \*

**Chairman of the Council :**

Councillor H. Britton, J.P.

**Vice-Chairman :**

Councillor H. Elson, J.P.

\* \* \*

**Public Health Committee :**

Chairman : Councillor B. Wade

Councillor H. Britton.

Councillor C. Earnshaw.

Councillor J. E. Howe, B.E.M., J.P.

Councillor R. E. Maw,

Councillor G. Teasdale.

Councillor R. Noon.

\* \* \*

## PUBLIC HEALTH OFFICERS

\* \* \*

### MEDICAL OFFICER OF HEALTH :—

Dr. A. L. Taylor, M.D., D.P.H.

### SENIOR PUBLIC HEALTH INSPECTOR :—

D. Walker, Cert. R.S.H., M.R.S.H., M.A.P.H.I.,  
Certified Inspector of Meat and Other Foods.

### ADDITIONAL PUBLIC HEALTH INSPECTOR :—

T. Howard, Cert. R.S.H., M.R.S.H., M.A.P.H.I.,  
(Resigned May, 1964).

J. S. Hepworth, Cert. R.S.H., A.R.S.H., M.A.P.H.I.,  
Certified Inspector of Meat and Other Foods.  
(From July, 1964).

### PUPIL PUBLIC HEALTH INSPECTOR :—

D. Powers.

### CLERK :—

Mrs. M. Wood.

STANLEY URBAN DISTRICT COUNCIL

# ANNUAL REPORT

OF THE

## Medical Officer of Health, 1964

To the Chairman and Members of the  
Stanley Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present this, my twenty-fourth, Annual Report on the health and wellbeing of your District. The picture is that of a progressive community, growing slowly in size and maintaining the level of material prosperity which has been the pattern in recent years. Looking back over the 24 years during which I have been your Medical Officer of Health, I can recall with satisfaction the very considerable improvements which have taken place in the general health and wellbeing of the population.

Malnutrition, sickness, inadequacy of clothing and housing, were by no means uncommon up to the beginning of the War. Infectious Disease was rife and deaths from Diphtheria and Scarlet Fever were by no means rare. In addition, there was a considerable amount of infestation and the housing circumstances of many of your inhabitants were grossly inadequate. In addition, there was considerable unemployment with consequent hardship.

The difference to-day is startling. Malnutrition amongst children is now unknown and only the occasional "problem" family gives rise for concern. Infectious Disease is now a negligible factor. No case of Diphtheria has occurred in your District for many years; Scarlet Fever is mild and easily controlled; typhoid is entirely absent and poliomyelitis is now believed to be completely checked as an epidemic risk.

These facts are reflected in the statistical returns which I will present to you in the following pages.

The County Council as Local Health Authority are committed to an expanding scheme of public health provision in the field of Child Welfare. In addition, increasing regard is being paid to the welfare of elderly people and recently a splendid new Home has been opened



in a neighbouring area, and I can assure you that it represents an enormous advance on anything previously available in this field of social welfare. I look forward to the day when such facilities will be available in your District. The County Council are also sponsoring a Warden scheme for private houses on the lines of those already in being for Council house estates. This will ensure that elderly people living alone will have a daily visitation from an interested Warden who will be able immediately to contact any service required.

The Mental Welfare Training Centre at Rothwell is now full to capacity, taking in patients from the Stanley area in addition to other districts. It may well be that an extension will be needed in the near future.

A long term scheme is being drawn up for future clinic provision throughout the area and, although this is not an immediate possibility, the trend of the public health service is being anticipated as far as possible, and the provision of new purpose-built premises being considered.

Last, but not least, increased co-operation between the public health medical service and general practitioners in the area is being actively encouraged. To this end it is the intention of the County Council, wherever possible, to use shared accommodation, provided by the Health Authority, and to encourage increasingly close liaison between the family doctor and the various public health, medical, and domiciliary nursing services.

The Mental Welfare services introduced after the passing of the 1959 Mental Health Act are now in full activity. The work is increasing, and the Mental Welfare Officers enjoy a close liaison with the local Mental Hospital and its staff. A full account will be included later in this Report.

Throughout the period of my service with your Authority I have enjoyed and appreciated the unfailing kindness and courtesy shown to me by all your officials, and your sympathetic understanding of any problems which have arisen, and of my own approach to them.

I remain, Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

# STANLEY URBAN DISTRICT COUNCIL

## STATISTICAL MEMORANDA FOR 1964

Area in Acres	...	...	...	6,270
Registrar General's Estimate of Population for 1964				17,730
Number of Inhabited Houses, 1964, according to Rate Book	...	...	...	6,270
Rateable Value, Year commencing 1.4.64	...			£345,091
Net Product of a Penny Rate, Year commencing 1.4.64				£1,322

## VITAL STATISTICS IN 1964

				M.	F.	Total
<b>Live Births.</b>						
Legitimate	...	...	...	156	161	317
Illegitimate	...	...	...	10	3	13
			Total	...	166	164
					330	

Live Birth Rate per 1,000 population (adjusted) 18·4

### Still Births.

Legitimate	...	...	...	0	3	3
Illegitimate	...	...	...	0	0	0
			Total	...	0	3
					3	3

Still Birth Rate per 1,000 live and still births 9·0

Birth Rate (live and still) per 1,000 of the estimated resident population (adjusted) 18·6

### Deaths.

				M.	F.	Total
All Ages	...	...	...	98	89	187
Death Rate per 1,000 of the estimated resident population (adjusted)	...				12·3	



	M.	F.	Total
Deaths of Infants under 1 year ...	6	4	10
Death Rate of Infants under 1 year :—			
All Infants per 1,000 live births ...			30·3
Legitimate Infants per 1,000 legitimate live births ...			31·6
Illegitimate Infants per 1,000 illegitimate live births ...			0·0
Neo-natal Mortality Rate per 1,000 live births			27·3
Illegitimate live births per cent. of total live births			3·9
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...		0·0
Rate per 1,000 live births ...	...		0·0
Deaths from Measles (all ages) ...	...		0
Deaths from Whooping Cough (all ages) ...	...		0
Deaths from Cancer (all ages) ..	...		30

#### Maternal Mortality.

Deaths ...	...	0
Rate per 1,000 (live and still) births	...	0·0

# **RECORD OF DEATHS IN AGE GROUPS, 1964**

Age				Males	Females	Total
Under 1 year	...			6	4	10
1—5 years	...	...		—	—	—
5—10	„	...	..	1	—	1
10—15	„	...	...	1	—	1
15—20	„	...	...	—	—	—
20—25	„	...	...	—	—	—
25—35	„	...	...	1	1	2
35—45	„	...	...	3	1	4
45—55	„	...	...	12	8	20
55—65	„	...	..	20	13	33
65—70	„	...	...	15	8	23
70—75	„	...	...	16	15	31
75—80	„	...	...	11	13	24
80—85	„	...	...	4	14	18
85—90	„	...	...	5	8	13
Over 90 years...	...			3	4	7
Totals				98	89	187

# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1964

			Urban District of Stanley	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	17,730	1,217,160	493,230	1,710,390	*
Births	{	Live	330	22,247	9,402	31,649	*
		Still	3	414	152	566	*
		Total	333	22,661	9,554	31,215	*
Deaths of Infants	{	Under 1 week	8	281	118	399	*
		Under 4 weeks	9	343	144	487	*
		Under 1 year	10	492	212	704	*
Deaths (all causes)	..	..	187	14,821	4,908	19,729	*

## CRUDE AND ADJUSTED RATES

Live Birth	..	..	18.6	18.3	19.1	18.5	18.4
Live Birth (adjusted)	..	..	18.4	18.6	18.5	18.7	—
Death (All causes)	..	..	10.5	12.2	10.0	11.5	11.3
Death (adjusted)	..	..	12.3	13.0	12.2	12.8	—
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.			—	0.04	0.04	0.04	*
Tuberculosis, Respiratory	..	..	—	0.06	0.02	0.05	0.05
Tuberculosis, Other	..	..	—	0.00	0.00	0.00	0.01
Tuberculosis, All Forms	..	..	—	0.06	0.03	0.05	0.05
Cancer	..	..	1.75	2.09	1.86	2.02	2.11
Vascular lesions of Nervous system	..	..	1.69	1.88	1.38	1.74	*
Heart and Circulatory Disease	..	..	3.78	4.64	3.71	4.37	*
Respiratory Diseases	..	..	1.30	1.47	1.11	1.37	*
Maternal Mortality	..	..	—	0.49	0.21	0.40	0.25
Stillbirths	..	..	9.0	18.3	15.9	17.6	16.3
Perinatal Mortality	..	..	33.0	30.7	28.2	30.0	*
Neo-natal Mortality	..	..	27.3	15.4	15.3	15.4	13.8
Infant Mortality	..	..	30.3	22.1	22.5	22.2	20.0

\* Figures not available.

All the maternal mortality, still birth and perinatal mortality rates are per 1,000 live and still births.



## COMMENTS ON STATISTICAL DATA

The Birth Rate continues slowly to rise and at 18.4 is keeping pace with the rest of the Country. There is a slight rise in the Infantile Mortality Rate which, at 30.3 per 1,000 live births, is a little above the present day figure recorded in comparable areas. As I have stated many times before, this need give rise to no alarm as the numbers of births are relatively small so that fairly violent fluctuations in the rate are to be expected. I have published, a little further on, a table showing the general pattern over decades, from 1918 onwards. It will be seen at once that the average for 1955 to 1964 stands at 23.2 which is approximately similar to that of the Country as a whole.

Infectious Disease will be seen to be negligible and the death rate is about average.

Lung cancer continues to take its toll and 7 men died from this disease during 1964. Significantly, no female death from this cause was recorded and this, I firmly believe, reflects the smoking habits of the two sexes.

# CAUSES OF DEATH IN THE STANLEY URBAN DISTRICT, 1964

CAUSE OF DEATH				MALES.	FEMALES.
All Causes .. ..				98	89
1.	Tuberculosis, respiratory	..	..	..	..
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease ..	..	..	..	..
4.	Diphtheria ..	..	..	..	..
5.	Whooping Cough ..	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles ..	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	..
10.	Malignant neoplasm, stomach	..	..	4	2
11.	Malignant neoplasm, lung, bronchus	..	..	7	..
12.	Malignant neoplasm, breast ..	..	..	..	4
13.	Malignant neoplasm, uterus ..	..	..	..	..
14.	Other malignant and lymphatic neoplasms	..	..	6	7
15.	Leukaemia, aleukaemia	..	..	..	1
16.	Diabetes ..	..	..	..	..
17.	Vascular lesions of nervous system	..	..	14	16
18.	Coronary disease, angina ..	..	..	22	15
19.	Hypertension with heart disease	..	..	..	2
20.	Other heart disease	..	..	8	17
21.	Other circulatory disease	..	..	3	..
22.	Influenza ..	..	..	..	..
23.	Pneumonia ..	..	..	5	7
24.	Bronchitis ..	..	..	7	3
25.	Other disease of the respiratory system	..	..	1	..
26.	Ulcer of stomach and duodenum	..	..	2	1
27.	Gastritis, enteritis and diarrhoea	..	..	..	..
28.	Nephritis and nephrosis	..	..	..	..
29.	Hyperplasia of prostate	..	..	1	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations	..	..	..	..
32.	Other defined and ill-defined diseases	..	..	9	9
33.	Motor vehicle accidents	..	..	3	..
34.	All other accidents	..	..	4	4
35.	Suicide ..	..	..	2	1
36.	Homicide and operations of war	..	..	..	..
Live Births.	Total	..	..	166	164
	Legitimate	..	..	156	161
	Illegitimate	..	..	10	3
Still-Births.	Total	..	..	..	3
	Legitimate	..	..	..	3
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	6	4
	Legitimate	..	..	6	4
	Illegitimate	..	..	..	..
Population .. ..				17,730	
Comparability Factors :—					
Births .. ..				0.99	
Deaths .. ..				1.17	

## INFANT MORTALITY IN 1964

### Deaths from Stated Causes under One Year of Age

CAUSE OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Atelectasis.	3	-	-	-	3	-	-	-	-	3
Prematurity.	3	-	-	-	3	-	-	-	-	3
Broncho pneumonia. Prematurity.	1	-	-	-	1	-	-	-	-	1
Intra-cranial haemorrhage.	1	-	-	-	1	-	-	-	-	1
Meconium ileus.	1	-	-	-	1	-	-	-	-	1
Broncho-pneumonia. Fibrocystic disease.	-	-	-	-	-	-	-	1	-	1
Totals ..	9	0	0	0	9	0	0	1	0	10



# INFANT DEATHS PER THOUSAND LIVE BIRTHS

1918—1924	1925—1934	1935—1944	1945—1954	1955—1964
	1925 103·0	1935 30·1	1945 45·0	1955 24·3
	1926 98·3	1936 34·7	1946 31·7	1956 17·3
	1927 67·3	1937 29·4	1947 53·1	1957 20·2
1918 133·2	1928 81·1	1938 69·5	1948 32·3	1958 22·6
1919 104·3	1929 62·3	1939 42·9	1949 25·3	1959 39·1
1920 100·5	1930 65·8	1940 72·3	1950 43·0	1960 14·6
1921 98·0	1931 60·2	1941 37·8	1951 39·1	1961 18·2
1922 98·0	1932 84·5	1942 47·6	1952 33·3	1962 20·2
1923 87·3	1933 56·1	1943 54·2	1953 21·3	1963 25·4
1924 89·0	1934 85·0	1944 50·2	1954 48·2	1964 30·3
Average— 101·5	Average— 76·4	Average— 46·9	Average— 37·2	Average— 23·2

## Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still-Births	Proportion of Stillbirths per 100 Live Births
1960	274	4	1·46
1961	274	5	1·92
1962	297	3	1·01
1963	315	7	2·2
1964	330	3	0·9

## Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo-Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1960	274	3	1·1
1961	274	3	1·1
1962	297	5	1·68
1963	315	6	1·9
1964	330	9	2·7

## GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

As usual, the figures in the following pages refer to the whole Divisional area. It is not possible to break them down into individual Urban Districts, but their value is in no way diminished as the general social conditions of the Division are the same in whichever of the three Districts is considered.

A further slight increase of population has occurred in the Divisional area and this stands at now over 61,000 and is constantly increasing.

The Nursing and Public Health Medical services have remained at full strength, although there have been one or two nursing changes.

As predicted in my last year's report, I am sorry to report that the Speech Therapist is no longer with us and we have been unable to obtain a replacement.

The Dental services continue fully staffed and are completely satisfactory.

We are still hoping for additional Ophthalmic sessions, but we are managing to avoid unnecessary delay in the essential provision of glasses for children needing them.

## SCHOOL MEDICAL SERVICE

The school children continue to enjoy a high level of physical and material wellbeing. Dr. Bowker and Dr. Dick still continue to give excellent service in this field, and after years in your area are well known to all school staffs and parents.

Once again I am indebted to Dr. Bowker for the following report on the School Medical Service. I hope you will find this of interest. I think you will agree that it reflects a high level of health amongst your school population.

“The school population continues to increase, with no corresponding increase in the medical, nursing and clerical personnel responsible for its coverage. Nevertheless, the work is up-to-date and the service dynamic. Children receive their first medical examination within a few weeks of entry to school. Leavers are examined as early as possible during their last school year, and the selective examination, now in its fourth session, of all other children has proceeded in accordance with the policy which you, in conjunction with the Health and Education Departments, agreed.

The only adjustment within this scheme is that from now onwards, pupils will be screened for possible examination at the beginning of secondary school life instead of at the end of the primary period: detailed reasons for this were given in my last report. Transition has been effected by a double screening at this stage so as to make sure that no cases which need early attention have been missed.

It is, I think, a matter for satisfaction that this practice of selective examination, which has now been adopted or is undergoing trial by about fifty Local Education Authorities throughout the country, should have received early and willing acceptance in this Division. The new pattern is now firmly established, head-teachers and parents fully realising that more medical time can now be given to the needs of individual children in the school environment. I would like to express the thanks of the medical and nursing staff for the positive and generous co-operation they have received in their continuing efforts to ensure that no child is deprived of his full educational potential on medical grounds.



Figures have their value in indicating trends. During the past session of non-routine screening, 56.3% of children reviewed were considered not to require examination. Of the rest, 30.2% were selected by the school medical officer and 11.6% of examinations were carried out at the request of parents on completed health summary forms because of some worry connected with their children's health. Head teachers also ask for the medical examinations of children who are causing anxiety, especially on the grounds of recurrent absence not fully covered by known illness, failure to make expected progress in their school work, or behaviour problems or physical symptoms which are not transitory.

I hope that these referrals will continue to increase. The teachers are in the best position to notice an early falling-away from a child's normal enjoyment of school life. No child can profit fully from the varied activities of his school world if he is physically or emotionally ill at ease.

The physical health of our children is, on the whole, excellent and parents are to be congratulated on this count. The majority also show by their general attitude that they are well-balanced and outgoing little individuals. The pattern of behaviour of others indicates that they need help in their mental and emotional development. If these children are referred to Dr. Maxwell's clinic for child guidance, I would beg parents to accept this offered help as they would any other medical referral and not to be dismayed, apprehensive or resistant. Guidance in emotional difficulties is a growing point in preventive medicine and, as such, should be welcomed as an integral part of the school service.

The child's first examination on entering school is an important event and the findings, entered on the school card, provide a valuable base line for immediate action or future reference. During recent years, more medical time has been given to each individual examination so as to provide an opportunity for discussion with the parent and head-teacher about any possible difficulties and problems. Attendance of parents, I am glad to say, remains extremely high: the few parents who do not attend do their children an obvious dis-service. Most children entering school are already well known to the school doctors in their dual role of child welfare clinic doctors and it is a pleasure to renew

acquaintance with mother and child in the new environment. The trust and the smile of recognition as the child comes to the doctor for his medical examination is certainly one of the rewards of the service.

The year's figures indicate that it was necessary to record defects in 13.2% of entrants examined and it is interesting to note that this comes very near to the national average of 14%. Of course, not all these defects are uncovered for the first time: some are already known and under treatment or observation, but a significant number are so found. These include visual defects, hearing impairment of greater or lesser degree, inflamed ear-drums which require but are not receiving attention, immaturity of speech sufficient to handicap a child, in self-expression, throat infections, minor orthopaedic defects often accentuated by wrongly chosen foot-wear, infantile behaviour which the child has not been permitted or encouraged to out-grow.

I am also very conscious of the over-tired child, not only in the entrants' group, but throughout the junior school. Whenever I put the observation to a parent that her child appears fatigued, the first reaction is usually one of surprise, the second a frank admission that this may well be so but that "he won't go to bed." (Children must be trained to accept discipline here, for few will ever admit to being tired. They just become more restless, more unbidable and so use up still more of their limited supply of energy). A school child should always live well within his reserves if he is to grow and learn and play to his full capacity. For him, the distractions and stimulations of modern life should be carefully rationed, for he experiences everything more intensely than does the adult. The sub-health of chronic fatigue is the most easily cured of all medical conditions, but the cure should not have to take place at the school desk.

Screening tests of vision, colour-vision and hearing continue to be covered most efficiently by the school nurses and during the year the audiometer has been in great demand. About 2% of those tested as a routine in the 6 — 7 age group have been referred for further investigation. In addition, many children with sub-acute hearing due to a past ear infection have been rescued from the back row of a class and placed in a position where they



can always hear their teacher. The seemingly inattentive child is not infrequently the child whose hearing is slightly impaired, especially to the voiceless consonants. He has to guess the meaning of words and becomes weary of doing so. Ideally, an audiometer should be available at all medical examinations in addition to the screening work and I am glad to know that a second instrument is shortly to be part of our normal equipment.

I would like to make special mention of one screening procedure which particularly requires the co-operation of parents; that of the tuberculin test which has, for some years, been offered to all pupils from the age of 13 onwards. This is a painless and rapid skin test to determine whether B.C.G. vaccination for protection against tuberculosis is necessary, as in most instances it is. The vaccination, itself, is introduced below a small flake of skin which presently dries and falls off to leave an inconspicuous scar. Where possible, the school doctor vaccinates on an already present vaccination scar to prevent further marking.

Most parents are fully aware of the value of this procedure, but I regret very much that some leave the decision to the adolescent who may refuse vaccination on the most trivial grounds or even none at all, apart from group bravado. This kind of irrational refusal distresses the school doctors and nurses very much, when at their medical examination school leavers are questioned as to their reasons for having failed to present themselves for testing. Parents have a very considerable responsibility here and the school medical service does all in its power to make them aware of it. Pulmonary tuberculosis can be eradicated by prevention. Acceptance of protection may, literally, be vital and the opportunity should **not** be missed.

In the general medical care of our school children the School Health Service continues to exercise a special and valuable function. Increasingly, it is becoming a counselling service, not only for medical examinations, but in the whole school situation: changes in approach will, therefore continue to be developed.

Although the school doctors are, of necessity, linked with many schools, it is their strong desire to be consid-



ered as active members of each school community. That this cordial association has been largely achieved in this Division is due to the understanding and welcoming attitude of head-teachers whose confidence in the aims of the Service has given me, personally, the greatest possible satisfaction."

Again it is with pleasure that I acknowledge the friendly co-operation which we all receive from the Divisional Education Officer and his staff, and from the Head teachers and teachers in all the schools throughout the area. This makes our work pleasant and reflects the value of our service to school children.

# SCHOOL MEDICAL SERVICE

## MEDICAL INSPECTION AND TREATMENT

1964

Age Groups Inspected (by year of birth)	No. of pupils who have received a full medical examination	Physical condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination
		Satisfactory No.	Unsatisfactory No.	
1960 and later	85	85	—	—
1959	600	600	—	—
1958	51	51	—	—
1957	150	150	—	254
1956	96	96	—	153
1955	30	29	1	50
1954	17	17	—	29
1953	114	113	1	192
1952	50	49	1	84
1951	—	—	—	—
1950	94	94	—	—
1949 and earlier	410	409	1	—
Total	1,697	1,693	4	762

**PUPILS FOUND TO REQUIRE TREATMENT**  
**(Excluding Dental Diseases and Infestation**  
**with Vermin)**

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint).	For any other condition	Total individual pupils
1960 and later ...	9	5	13
1959 ...	6	58	57
1958 ...	4	22	26
1957 ...	4	64	67
1956 ...	8	40	47
1955 ...	6	14	20
1954 ...	—	8	8
1953 ...	8	44	52
1952 ...	2	22	24
1951 ...	—	—	—
1950 ...	17	9	24
1949 and earlier ...	36	88	123
Total ...	100	374	461

**OTHER INSPECTIONS**

Number of Special Inspections ...	19
Number of Re-inspections ...	17
	36

**INFESTATION WITH VERMIN**

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	20,624
Total number of individual pupils found to be infested	250
Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944) ...	—
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944) ...	—



**DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR 1964  
PERIODIC INSPECTIONS**

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin ...	19	6	24	—	20	4	63	10
Eyes—a. Vision ...	23	6	50	17	27	6	100	29
b. Squint ...	17	3	—	2	2	2	19	7
c. Other ...	1	3	—	—	6	1	7	4
Ears—a. Hearing ...	21	2	13	—	37	2	71	4
b. Otitis Media ...	18	2	—	2	7	1	25	5
c. Other ...	3	2	1	1	2	—	6	3
Nose and Throat ...	23	7	7	3	16	7	46	17
Speech ...	4	9	2	—	13	4	19	13
Lymphatic Glands ...	1	2	—	—	—	1	1	3
Heart ...	4	4	2	3	2	4	8	11
Lungs ...	10	4	4	—	6	2	20	6
Developmental—								
a. Hernia ...	1	—	—	—	—	—	1	—
b. Other ...	1	—	1	2	—	—	2	2
Orthopaedic—								
a. Posture ...	2	2	6	2	9	0	17	4
b. Feet ...	2	2	5	—	4	2	11	4
c. Other ...	1	4	2	2	2	2	5	8
Nervous System—								
a. Epilepsy ...	—	—	—	—	2	—	2	—
b. Other ...	1	—	—	—	1	2	2	2
Psychological—								
a. Development ...	2	3	1	—	9	7	12	10
b. Stability ...	2	2	1	—	7	5	10	7
Abdomen ...	2	2	1	—	6	—	9	2
Other ...	14	10	5	8	27	5	46	23
Total ...	172	75	125	42	205	57	502	174

## SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin ... ..	5	1
Eyes—		
a. Vision ... ..	7	2
b. Squint ... ..	—	—
c. Other ... ..	—	—
Ears—		
a. Hearing ... ..	—	—
b. Otitis Media ... ..	—	—
c. Other ... ..	—	—
Nose and Throat ... ..	—	1
Speech ... ..	1	—
Lymphatic Glands ... ..	—	—
Heart ... ..	1	—
Lungs ... ..	—	—
Developmental—		
a. Hernia ... ..	—	—
b. Other ... ..	—	—
Orthopaedic—		
a. Posture ... ..	—	—
b. Feet ... ..	—	—
c. Other ... ..	1	1
Nervous System—		
a. Epilepsy ... ..	1	—
b. Other ... ..	—	—
Psychological—		
a. Development ... ..	—	1
b. Stability ... ..	1	1
Abdomen ... ..	—	—
Other ... ..	3	1
Total ... ..	20	8

**TREATMENT OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY  
SCHOOLS (INCLUDING NURSERY AND SPECIAL  
SCHOOLS)**

**EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of Refraction (including squint) ...	803
Total ...	803
Number of pupils for whom spectacles were prescribed ...	528

**DISEASES AND DEFECTS OF EAR, NOSE AND  
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	2
(b) for adenoids and chronic tonsillitis ...	5
(c) for other nose and throat conditions ...	—
Received other forms of treat- ment ...	—
Total ...	7
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1964 ...	2
(b) in previous years ...	9



## ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been treated
Pupils treated at clinics or out- patients departments ...	5
Pupils treated at school for postural defects ...	1
Total ...	6

## DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases known to have been treated
Ringworm— (a) Scalp ...	—
(b) Body ...	—
Scabies .. ...	—
Impetigo ...	12
Other skin diseases ...	5
Total ...	17

## CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guid- ance Clinics ...	30

### SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapist ... ..	60

### OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	7
Pupils who received convalescent treatment under School Health Service arrangements	—
Pupils who received B.C.G. vaccination ... ..	399
Other than above ... ..	—
Total ...	406

### CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1964

## CONSULTANT ORTHOPAEDIC SERVICE

### Consultant Clinic.

Number of sessions held during year	...	...	10
-------------------------------------	-----	-----	----

	Pre-school children	School children
No. of individual patients seen by Consultant, including those continuing attendance from previous year ... ..	—	2
No. of individual patients referred for operative treatment as short-stay cases only ...	—	—
Recommended long-stay hospital school ...	—	—
Recommended treatment by orthopaedic nurse or physiotherapist:—		
(a) at treatment centres ... ..	—	—
(b) domiciliary ... ..	—	—
No. of children who obtained operative treatment during the year ... ..	—	—
Total number of attendances at consultant clinic ... ..	—	3
<b>Treatment Centres</b>		
No. of sessions held during year ... ..	40	
	Pre-school children	School children
Total number of patients treated (including cases continuing treatment from previous year) ... ..	—	5
Total number of attendances ... ..	—	30
<b>Domiciliary Treatment</b>		
Total number treated ... ..	—	—
Total number of visits to patients' homes ...	—	—
<b>Appliances</b>		
Number of appliances—(a) recommended ...	—	—
(b) obtained ...	—	—



## PAEDIATRIC SERVICE

### Consultant Clinics.

Number of sessions held during the year ... .. 11

	Pre-school children	School children
Number of individual patients seen :—		
(a) new cases ... ..	11	8
(b) cases attending from previous year(s) ... ..	1	24
Total number of attendances at clinics ...	23	50

## MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 30

## CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in  
connection with applications :—

(a) for employment (including entertainments)	31
(b) No. of (a) found unfit ... ..	—

## ULTRA VIOLET LIGHT TREATMENT

No Ultra Violet Light treatment during 1964.

# PAEDIATRIC SERVICE

## Summary of type of defect for which referred

Defect or Disease	Pre-School	School
Respiratory System, including E.N.T. Defects ... ..	2	9
Heart and Circulatory System ... ..	1	9
Genito Urinary System ... ..	—	1
Developmental ... ..	2	4
Orthopaedic ... ..	1	2
Speech ... ..	2	2
Mental Defect, including educational sub-normality ... ..	—	2
Incontinence ... ..	—	2
Congenital Deformities ... ..	—	1
Nutritional ... ..	4	—
Total ... ..	12	32

## SPEECH THERAPY

Total number of sessions held during the year ...	...	143
No. of new cases treated during the year	... ..	27
No. of cases already attending for treatment from previous year	... ..	33
Total number of cases treated	... ..	60
No. of cases awaiting treatment at end of the year	...	18
No. of visits made to schools	... ..	2
No. of home visits ...	... ..	22

---



**Analysis of Cases treated during the year :—**

	Boys	Girls
Stammering ... ..	11	2
Defects of articulation—		
(a) Dyslalia ... ..	26	7
(b) Sigmatism ... ..	1	—
(c) Rhinolalia, due to—		
(i) Cleft Palate ... ..	1	—
(ii) Nasal obstruction ... ..	—	—
(d) Dysarthria ... ..	—	—
Aphasia ... ..	—	—
Defective speech due to—		
(i) Educational sub-normality ... ..	1	—
(ii) Deafness ... ..	—	—
Retarded speech development ... ..	5	2
Dysphonia ... ..	—	—
Other defects ... ..	1	3
Total ... ..	46	14
<b>Analysis of Cases discharged :—</b>		
No. of children discharged during year—		
Speech normal ... ..	8	2
Speech improved ... ..	3	3
Unsuitable for treatment ... ..	—	—
Non-co-operation ... ..	—	—
Left school ... ..	1	—
Left district ... ..	2	—
Other reasons ... ..	2	1
Total ... ..	16	6

**CHILD GUIDANCE****Location of Clinic:** Central Clinic, Oulton Lane, Rothwell.

No. of sessions held during year ... .. 30

	<b>Boys</b>	<b>Girls</b>
No. of new cases seen during year ... ..	19	8
No. of cases referred from previous year	2	1
Total number of cases discharged or admitted for residential treatment ...	14	6
No. of cases carried forward ... ..	7	3

**AUDIOMETRY****Children Tested by Pure-Tone Audiometry.**

	No. tested	No appreci- able hearing loss	Referral for investi- gation
(a) <b>"At risk" categories</b>			
(i) deafness in the family	—	—	—
(ii) prenatal causes:—			
maternal rubella ...	—	—	—
other conditions ...	—	—	—
(iii) perinatal causes, e.g. toxaemia, anoxia, kernicterus, rhesus incompatability, prematurity, etc. ...	—	—	—
(iv) postnatal:—			
Congenital defects ...	—	—	—
cerebral palsy ...	4	4	—
middle ear disease	—	—	—
meningitis or encephalitis ...	—	—	—
speech retardation or defect ...	—	—	—
educational retardation ...	46	45	1
(b) Routine test on children 6/7 year age group ...	754	740	14
<b>TOTALS</b> ...	804	789	15

## VACCINATION AND IMMUNISATION

The percentage of children protected against the commoner infectious diseases remains satisfactory. Apart from a few apathetic, or doubting, parents, who are in an ever decreasing minority, prophylactic measures are readily accepted. Increasing numbers of children receive the protecting immunisations from their own family doctors. This is an excellent feature of modern medicine. Our concern is not who gives the protection, but how many children obtain it.

The facts speak for themselves and the continued absence of serious epidemic disease from the community is, to me, sufficient proof of the efficacy of the various immunising procedures.

As I forecast in my last Annual Report, a pilot scheme of Measles vaccination was undertaken during September and October, 1964. The results so far are extremely encouraging. It is as yet too early completely to evaluate the long term protection which might eventuate, but we will follow up the children for a year or two and then hope to make vaccination against Measles universally available to the whole child population during the early years of life.

Smallpox vaccination continues to be readily accepted, and occasionally gets a fillip when cases of actual or suspected Smallpox are reported as entering the country, and give rise to local alarm. Smallpox vaccination is now given as a routine at about one year of age, and with the modern technique, reactions, either local or general, are minimal.



# VACCINATION AGAINST POLIOMYELITIS

## Vaccination during 1964

### Persons completing primary immunisation.

AGE GROUP					Completed Courses of Oral Vaccine during the year ended 31st Dec., 1964
Children born in 1964	...	...	...	...	167
Children born in 1963	...	...	...	...	503
Children born in 1962	...	...	...	...	75
Children born in 1961	...	...	...	...	33
Children and young persons born in years 1943 — 60	...	...	...	...	74
Young persons born in years 1933 — 42					40
Others	...	...	...	...	25
TOTAL	...	...	...	...	917

### Persons receiving reinforcing doses.

Number of persons given a reinforcing dose of oral vaccine  
after:—

3 Salk doses or,					
3 Oral doses or,					
2 Salk doses plus					
2 Oral doses	...	...	...	...	438

Number of persons who had received completed courses  
of Polio immunisation at 31st December, 1964 ... 18,828

Number of children aged 5 — 12 who had received  
booster doses at 31st December, 1964 ... 4,353

## DIPHTHERIA IMMUNISATION

### Immunisation carried out during the year

	Children born in years :—						
	1964	1963	1962	1961	1960	1955-59	1950-54
No. of children who completed a full course of primary immunisation (including temporary residents) ...	447	412	37	11	4	73	23
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	9	13	1	15	689	298

### Immunisation in relation to Child Population

Age at 31.12.64 i.e. Born in Year	Under 1 1964	1—4 1960-1963	5—9 1955-1959	10—14 1950-1954	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1960—1964 ...	447	2,793	2,677	2,329	8,246
B. 1959 or earlier	—	—	1,048	1,476	2,524

No case of Diphtheria occurred in the Division during the year.

## WHOOPIING COUGH IMMUNISATION

### Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation including temporary residents)
Under 6 months ... ..	605
6 months to one year ... ..	246
1—2 years ... ..	35
2—3 years ... ..	13
3—4 years ... ..	7
Total ...	906

### Immunisation in relation to Child Population

Age at 31.12.64 i.e. born in year :—	Under 1 1964	1 to 4 1963–1960	5 to 9 1959–1955	10 to 14 1954–1950	Under 15 Total
Number immunised ...	445	2,786	2,469	1,412	7,112

### Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1 ... ..	9	—
1 ... ..	6	5
2 ... ..	9	6
3 ... ..	10	5
4 ... ..	9	4
5 — 9 ... ..	17	5
10 — 14 ... ..	—	—
Totals ...	60	25

No death occurred from Whooping Cough in the Division  
during the year.

# VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated during the year

Age at date of vaccination	Number of Persons vaccinated (or re-vaccinated) during period		Number of Cases specially reported during period		
	Number vaccinated	Number re-vaccinated	Generalised Vaccinia (a)	Post-Vaccinal Encephalomyelitis (b)	Death from complications of vaccination other than (a) and (b)
0—3 months	42	—	—	—	—
3—6 months	26	—	—	—	—
6—9 months	20	—	—	—	—
9—12 months	48	—	—	—	—
1	207	—	—	—	—
2—4	36	—	—	—	—
5—14	11	10	—	—	—
15 or over	6	9	—	—	—
TOTAL	396	19	—	—	—



## IMMUNISATION AGAINST TETANUS

### Immunisation carried out during the year

	Children born in years:—							Total
	1964	1963	1962	1961	1960	1955-59	1950-54	
Number of children who completed a full course of primary immunisation (including temporary residents) ..	447	412	37	13	4	53	51	1,017
Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to complete full course) ..	—	9	12	1	3	101	18	144

## B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

- |   |   |
|---|---|
| 1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination ... .. | 3 |
|---|---|

## 2. Acceptances

- |   |        |      |
|---|--------|------|
| (a) No. of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously | ...    | 550  |
| (b) No. of (a) found to have been vaccinated previously   |        | —    |
| (c) No. of acceptances  | ... .. | 454  |
| (d) Percentage of acceptances, i.e., (c) to (a) — (b)   | ...    | 82·5 |

### 3. Pre-Vaccination Tuberculin test

- |                            |     |     |     |           |
|----------------------------|-----|-----|-----|-----------|
| (a) No. of children tested | ... | ... | ... | 428       |
| (b) Result of test—        |     |     |     |           |
| (i) Positive               | ... | ... | 17  |           |
| (ii) Negative              | ... | ... | 399 |           |
| (iii) Not ascertained      | ... | ... | 12  |           |
|                            |     |     | —   | TOTAL 428 |

4. **No. vaccinated**—following negative Heaf Test ... 399

## VACCINATION OF CONTACTS

		AGE GROUPS												
		Under 1 year Months				Years								All ages
		0	1	3	6	1	2	3	4	5	10	15	20	
Vaccinated :—														
Male	...	3	3	—	—	1	1	1	2	1	1	—	1	14
Female	...	2	3	—	—	1	1	—	—	2	2	—	—	11
TOTAL	...	5	6	—	—	2	2	1	2	3	3	—	1	25

## LOCAL HEALTH AUTHORITY CLINICS

At the time of writing, the County Council are taking a long-term look at clinic needs throughout their area, and I have submitted my own views as to possible future needs in your District. It has become County Council policy, wherever possible, to provide clinic premises which can be shared with family doctors. This has many advantages for all concerned, not the least being the closer liaison thus made possible between the two branches of the Health Service. In addition, smaller clinics called "Mini Clinics" are to be provided in centres of population of between 1,000 and 2,000 inhabitants. It has long been recognised that the makeshift premises we have been forced to use for so many years are hopelessly inadequate, lacking comfort and dignity. Increasingly, too, these premises have fallen into decay and are often inadequately heated, decorated or lighted, through no fault of the Trustees.

It is also recognised that, in the future, other types of Local Health Authority service may be undertaken. In this connection one may mention cervical cytology, geriatric clinics, and chiropody sessions, to give some idea of the possible development of the medical services.

The Clinic built two years or so ago at Outwood has proved admirable and attendances at the Child Welfare sessions have increased by leaps and bounds. It is my wish that these premises should be used as much as possible and it seems likely that new types of services will be inaugurated in the near future.

As a long term provision, I am trying to get approval to the building of a Clinic at Stanley and possibly one at Wrenthorpe. The existing premises are barely adequate and their maintenance gives rise to some concern from time to time.

**Consultant Clinics.**—Consultant Clinics are still held at Rothwell and are adequate except for travelling difficulties. I have, therefore, established a monthly Ophthalmic clinic at Outwood. This saves considerable travelling time and inconvenience.



## MENTAL HEALTH SERVICE

This valuable and widely used Service is increasingly appreciated and has done excellent work in your District throughout the year. I am indebted to Mr. Emmerson, the Senior Mental Welfare Officer, and his staff, for the following report of the work which they have carried out during 1964.

“The Mental Health Act, 1959, has now been in operation for a sufficient time for definite patterns and trends to emerge.

In this area the number of admissions to Hospital, by Mental Welfare Officers, of mentally ill and subnormal patients, initially showed an increase but this has levelled out and there has been little variation over the past three years, the annual totals showing a remarkable similarity. The mode of admission, too, has fluctuated little, just over half being on an informal basis. This in itself is somewhat disappointing as it was hoped that compulsory powers would only have to be resorted to on rare occasions.

Accommodation for the mentally ill has readily been made available at Stanley Royd Hospital and only in a few instances has there been a wait of a day or two before securing a bed. Unfortunately the same state of affairs does not exist in the Hospitals catering for the subnormal, the average waiting period for these patients being one of months.

Care and after-care case loads of the mentally ill continue to increase steadily. About one-fifth are of pensionable age and it might well be that future developments will have to cater for this difficult psycho-geriatric problem. One way might be the provision of Day Centres, which could be a means of preventing admission to Psychiatric Hospitals or at least of delaying the necessity.

The past year has seen the further development and expansion of Psychiatric Out-patient facilities in the district by the provision of permanent consulting rooms at the St. George's Hospital, Wood Lane, Rothwell.

The new accommodation comprises consultation room for the visiting Consultant Psychiatrist (Dr. D. P. Oakley), interview room for the Mental Welfare Officer, and patients' waiting-room with annexe for use by nurse in attendance.



This clinic now serves not only Rothwell and immediate districts of the West Riding, but also the wider area of South Leeds — St. George's Hospital being readily accessible by public transport from this area of Leeds. The Clinic now provides an acceptable alternative to attendance at the Psychiatric Units attached to the larger hospitals.

From the patient's point of view, the St. George's Outpatient Clinic has the additional advantage of being held in a conveniently situated hospital with a discreet urban environment — detached from the general atmosphere of the larger and more obvious Psychiatric Hospitals — dissociated from the misconceptions unfortunately still prevalent in the minds of many people who may need to attend.

The role of the Welfare Officer in the community continues to gain increasingly wider acceptance, evidenced by the fact that the Mental Welfare Officers are being more and more frequently called upon by patients and others seeking advice concerning a wide diversity of health and social problems — geriatric, marital and teenage delinquency in addition to the more clearly defined condition of mental illness.

Close liaison between General Practitioners, Consultant Psychiatrists, Mental Welfare Officers and other welfare workers ensures that prompt and appropriate measures are available for those needing transport or support. The further increase in the care and after-care case load of the mentally ill may, to some extent, be due to the previously described change of attitude on the part of patients and their relatives towards seeking early advice and treatment.

### **Subnormality.**

No appreciable increase has taken place in the number of new referrals, and the care and after-care case load has remained steady. The junior sections of the Training Centre have experienced no difficulty in placing new trainees, but the accommodation for both male and female adult trainees is under constant pressure due to the inevitable annual upgrading intake from the junior section of those trainees reaching the age of 16.

Many adult subnormal persons do not attend the Training Centre — being adequately and satisfactorily occupied either in part-time or full-time employment or otherwise catered for within their own family environments. In these cases the relatives invariably welcome supportive visiting by the Mental Welfare Officer who in many instances is able to offer constructive suggestions benefiting the patient and his family. Wherever appropriate, the patient is encouraged and assisted towards some form of suitable employment, or, alternatively, introduced to those organisations catering for his specific needs.

The fact of having a Training Centre locally, and the inter-communication between parents and neighbours which results generally, would seem to be to a great extent responsible for the more enlightened attitude that now prevails in the understanding of the needs of the mentally handicapped person, as well as the realisation of what is being done, and what can be done, to enable such persons to enjoy a full and useful life in the community. This, it now seems, is being reflected at the lower end of the scale by the more ready acceptance, by the parents of the children, of informal notification of the mentally handicapped child under the Education Act."

## DOMICILIARY NURSING SERVICES

We have had the average number of changes, but all the services have been kept at full strength.

Miss Seelig, our shared Divisional Nursing Officer, has been a considerable access of strength, and her support and advice to the Nursing Staff have been much appreciated.

## HOME HELP SERVICE

The demand continues unabated. Our allocation of Home Helps is now 35 and you will see from the table that we have almost completely used it up during 1964. My policy is to spread the help as widely as possible, and the vast bulk of recipients get one or two sessions weekly. Almost always these are old people living alone. It is a matter of some astonishment to me how rarely any difficulty arises. Complaints are very few and far between and an extremely happy relationship almost invariably is established between the Home Help and the person for whom she works. There is not the slightest doubt that, but for this service, there would be an even greater pressure on residential welfare accommodation than is at present the case. Humane considerations make it essential that people should be maintained in their own homes as long as this can decently be managed.



## DOMESTIC HELPS

### Authorised Divisional Allocation.

(i)	Basic	...	...	...	35 $\frac{1}{4}$
(ii)	From Reserve Pool (Average over the year)	...	...	...	—
	Total	...	...	...	<u>35<math>\frac{1}{4}</math></u>

### Number of Domestic Helps employed at 31st December, 1964—

(i)	Whole-time	...	...	—
(ii)	Part-time	...	...	110
	Total	...	...	<u>110</u>

### Cases provided with Domestic Help during year ended 31st December, 1964—

	No. of Cases	Hours employed
(i) Aged 65 or over on first visit during year	418	68,812
(ii) Under 65 years on first visit during year :—		
(a) Chronic sick and tuberculosis	25	4,369
(b) Mentally disordered	1	119
(c) Maternity	32	1,415 $\frac{1}{2}$
(d) Others	12	786 $\frac{1}{2}$
Totals	488	75,502

### Employment :—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1964  $\div$  2,184 (52 weeks x 42 hours) = No. of home helps that could have been employed full time. = 34.57



## CHIROPODY SERVICE

During 1964, the Chiropody Service in your District underwent no administrative change, that is to say it was an "indirect" service run under the aegis of the Old People's Welfare Associations. The Service has run smoothly and is much patronised and appreciated.

Domiciliary treatments continue to increase in number, this being a trend observed throughout the County. One feels that in some few cases there may be a certain amount of abuse of this facility, but in the vast bulk of instances people receiving domiciliary treatment are quite unable, by reason of physical infirmity, to undertake the necessary journey to the Chiropody Clinic.

## CHIROPODY SERVICE

### 1. DIRECT SERVICE.

Number of sessions held during the year:—

(a)	In Clinics	...	...	...	...	87
-----	------------	-----	-----	-----	-----	----

Number of patients treated:—

(a)	In Clinics	...	...	...	...	224
-----	------------	-----	-----	-----	-----	-----

(b)	In own homes	...	...	...	...	50
-----	--------------	-----	-----	-----	-----	----

	Total	...	274
--	-------	-----	-----

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Number of Treatments given:—

(a)	In Clinics	...	...	...	...	729
-----	------------	-----	-----	-----	-----	-----

(b)	In own homes	...	...	...	...	174
-----	--------------	-----	-----	-----	-----	-----

	Total	...	903
--	-------	-----	-----

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### 2. INDIRECT SERVICE.

Number of sessions held during the year:—

(a)	In Voluntary Clinics	...	...	...	366
-----	----------------------	-----	-----	-----	-----

Number of patients treated:—

(a)	In Voluntary Clinics	...	...	...	704
-----	----------------------	-----	-----	-----	-----

(b)	In Chiropodist's Surgery	...	...	...	245
-----	--------------------------	-----	-----	-----	-----

(c)	In own homes	...	...	...	217
-----	--------------	-----	-----	-----	-----

	Total	...	1,166
--	-------	-----	-------

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Number of Treatments given:—

(a)	In Voluntary Clinics	...	...	...	3,326
-----	----------------------	-----	-----	-----	-------

(b)	In Chiropodist's Surgery	...	...	...	1,259
-----	--------------------------	-----	-----	-----	-------

(c)	In own homes	...	...	...	1,054
-----	--------------	-----	-----	-----	-------

	Total	...	5,639
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## **AMBULANCE SERVICE**

Nothing new need be said about this magnificent Service. No complaint has been received from any source, and many expressions of appreciation have been forthcoming. It is difficult to imagine a more efficient service in any area.

## **LABORATORY FACILITIES**

We are still fortunate in being able to call on the services of Dr. Little and his staff at the Public Health Laboratory at Wakefield. Additional reports are occasionally received from the Regional Laboratory at Seacroft. Both establishments are helpful, co-operative and prompt.

## **MILK AND FOOD SAMPLES**

The sampling of milk and other foods is dealt with by Mr. Walker in his Report.

As hitherto, bacteriological examination of water is carried out at the Medical Research Laboratory and chemical samples are analysed by the Analyst at Halifax. Both services are extremely efficient.

## HOSPITALS

**Maternity Hospitals.** — The demand for Maternity Hospital accommodation continues to increase. This is partly due to the very considerable increase in the birth rate. In the Health Division there are now over 1,200 births annually, as compared with a figure of 900 only a few years ago. Add to this the fact that many young mothers-to-be are recently arrived in the district and have no relatives or friends near at hand, and also the fact that maternity hospital accommodation is held increasingly to be “safer” than domiciliary confinement, and you will get some idea of the pressure on available Maternity Hospital beds.

Our fixed allocation is far too small, but it is only fair to say that the Consultant Obstetrician at Wakefield does his best to help when sudden emergency “social” cases come to our notice, frequently at the last minute. An additional number of maternity beds will shortly become available at Manygates Hospital, consequent on new building. It is my hope that following this provision, an increased number of beds will be made available to mothers living in this area.

As usual, all cases of obstetrical abnormality are admitted to Wakefield or to Leeds Maternity Hospitals without the slightest difficulty.

**Infectious Diseases Hospitals.** — Seacroft Hospital still continues to take the bulk of Infectious Diseases admissions. It has continued, as hitherto, to exercise the highest standard of skill and care. One must, too, comment favourably on the meticulous regularity and accuracy with which all diagnoses are notified, and the full reports and information forthcoming on request.

A number of cases occasionally find their way to Snapethorpe, but these are only marginal and of rare occurrence.

**Chronic Sick Hospitals.** — In the field of geriatric accommodation I have nothing to add to my comments of previous years. The position, indeed, is tending to worsen as an increasing percentage of old people are living to reach a stage in which they require more and more



personal nursing care. The strain on geriatric units is great and I am filled with admiration for the devoted way in which the staff, nursing, lay and administrative, continue to carry out an increasingly onerous burden of work.

**Welfare Accommodation.**—The County Council are proceeding with their plan to construct a number of Homes for old people. It is to be hoped that, in the near future, one will be built at Stanley. I am full of admiration for the type of Home which is being provided. One recently built in an adjacent district offers every amenity and is much appreciated, both by the residents and by people living in the area.

Our relationships with the Welfare Department remain on a high level of cordiality, and co-operation has been close throughout the year.

**General Hospitals.** — Finally, there is no criticism possible of the general Hospital provision for acute surgical and medical cases. These are adequate and universally available.

## PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Infectious Disease continues, I am glad to say, a negligible factor in the daily life of your District. This, I feel impelled to point out, is no accident, but is a direct result of the unceasing enthusiasm for environmental hygiene and personal immunisation. A glance at the following table will illustrate the freedom from infectious illness which your community have enjoyed during the year. We had our Measles epidemic in 1963 and the incidence during 1964 was considerably lower than experienced in other parts of the Division.

It is worthy of note that no case of Sonn  Dysentery was notified. This is a favourable feature as Dysentery is endemic throughout the Country and although normally not dangerous, causes considerable nuisance and upset because of the transmission by food, etc. No case of Food Poisoning was reported. The over-all picture is extremely satisfactory.

At the time of writing, a polio epidemic is reported in a neighbouring County. This state of affairs, like recent typhoid outbreaks and a Smallpox epidemic, points the moral of constant vigilance and meticulous care in immunisation.

**Venereal Diseases.** — These were almost completely absent from the community.

**Infestations.** — No infestation came to notice during the year.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1964

Disease	Age distribution, 1964												Total all ages 1964	Total all ages 1963	Total all ages 1962																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	0 — 1 year	1 — 2 years	2 — 3 years	3 — 4 years	4 — 5 years	5 — 10 years	10 — 15 years	15 — 20 years	20 — 35 years	35 — 45 years	45 — 65 years	Over 65 years				Age unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...</

## TUBERCULOSIS

Tuberculosis continues to present a favourable picture. It will be seen that only two new cases of pulmonary tuberculosis occurred in 1964 and that, for the second year in succession, no death occurred from either pulmonary or non-pulmonary tuberculosis.

B.C.G. vaccination is continuing as a routine in certain age groups of school children and finds ready acceptance.

From time to time the Miniature Mass Radiography Unit visits your Urban District and again is well patronised by the general public.

We continue to enjoy close and happy relationship with the staff, medical and lay, of the Chest Clinics at Wakefield and Leeds.

I think we can regard with sober satisfaction the present position in respect of the cure and eradication of this once dreaded social disease.



## TUBERCULOSIS

## Record of Cases during the Year 1964

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	18	15	2	1
No. of cases notified for first time during year	1	1	—	—
No. of cases restored to Register ...	—	—	—	—
No. of cases added to Register otherwise than by notification ...	—	—	—	—
No. removed to other districts ...	1	—	—	—
No. of cases Recovered ...	4	4	—	—
No. died from the Disease ..	—	—	—	—
No. died from other causes ...	—	—	—	—
No. Removed from Register :—				
Revised diagnosis ...	—	—	—	—
No. of cases on Register at end of year ...	14	12	2	1

## New Cases and Mortality during 1964

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 "	...	—	—	—	—	—	—	—	—
10—15 "	...	—	—	—	—	—	—	—	—
15—20 "	...	—	—	—	—	—	—	—	—
20—25 "	...	—	—	—	—	—	—	—	—
25—35 "	...	—	—	—	—	—	—	—	—
35—45 "	...	—	—	—	—	—	—	—	—
45—55 "	...	—	—	—	—	—	—	—	—
55—65 "	...	—	—	—	—	—	—	—	—
Over 65 years	...	1	1	—	—	—	—	—	—
Totals	...	1	1	—	—	—	—	—	—

# TUBERCULOSIS

## New Cases and Deaths since 1945

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1945	...	...	10	7	2	2
1946	...	...	9	8	5	1
1947	...	...	12	2	4	1
1948	...	...	8	3	4	1
1949	...	...	17	4	4	—
1950	...	...	11	6	2	1
1951	...	...	8	—	1	—
1952	...	...	10	—	2	—
1953	...	...	11	—	1	—
1954	...	...	9	—	4	—
1955	...	...	6	—	1	—
1956	...	...	4	—	1	—
1957	...	...	4	—	—	1
1958	...	...	3	1	1	—
1959	...	...	7	1	2	—
1960	...	...	3	1	1	—
1961	...	...	2	—	—	1
1962	...	...	1	—	1	—
1963	...	...	2	—	—	—
1964	...	...	2	—	—	—

## HOUSING

A small number of individual unfit houses and a fair number of small groups of sub-standard houses still exist in your area. I am anxious that these should be cleared up as soon as possible and I am frequently approached by impatient tenants who feel that something more should be done for them.

I know that this matter is causing you concern and that you are doing all you can to expedite the eradication of unsuitable property.

Mr. Walker deals fully in his report with all matters relating to Housing. As in most other areas adjacent to large County Boroughs, the outstanding feature is the enormous number of private properties built and projected. Thus in your own case no fewer than 266 houses were provided by private builders as against 42 built by the Local Authority.

## HOUSING STATISTICS, 1964 — STANLEY URBAN DISTRICT

1.	No. of Dwelling Houses in District	...	...	6,270
2	No. of Houses included in above :—			
	(a), Back-to-back	...		130
	(b) Single back	...		11

### 3. SLUM CLEARANCE

Estimated number of unfit houses at 31st December, 1964, in respect of which no representation has been made	...	...	...	...	277
--	-----	-----	-----	-----	-----

Details of future Slum Clearance programmes:—

Proceeding according to new building capabilities.

### 4. HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

No. of houses included in Representations made during the year:—

(a) In Clearance Areas	...	...	...	—
(b) Individual Unfit houses (back-to-back)				20

## HOUSES DEMOLISHED DURING THE YEAR

### IN CLEARANCE AREAS

#### No. of Houses Demolished:

Unfit for human habitation	...	...	...	13
Included by reason of bad arrangement			...	—
On land acquired under Section 43(2) Housing Act, 1957	...	...	...	—

#### Persons displaced during year:

From houses unfit for human habitation	...	32
From houses included by reason of bad arrangement	...	—
From houses on land acquired under Section 32(2) Housing Act, 1957	...	—



**Families Displaced during year:**

From houses unfit for human habitation ...	13
From houses included by reason of bad arrangement ... ..	—
From houses on land acquired under Section 43(2) Housing Act, 1957 ... ..	—

**NOT IN CLEARANCE AREAS****No. of Houses demolished:**

As a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957	29
Local Authority owned houses certified unfit by the Medical Officer of Health ... ..	—
Houses unfit for human habitation where action has been taken under local Acts ... ..	—
Houses included in unfitness orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959 ... ..	—

**Persons displaced during year:**

From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) of Housing Act, 1957 ... ..	74
From local authority owned houses certified unfit by Medical Officer of Health ... ..	—
From houses unfit for human habitation where action has been taken under local Acts ...	—
From houses included in Unfitness orders ...	—

**Families Displaced during year:**

From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957 ... ..	29
From local authority owned houses certified unfit by Medical Officer of Health ... ..	—
From houses unfit for human habitation where action has been taken under local Acts ...	—
From houses included in Unfitness orders ...	—

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No. of dwellings included above which were previously reported as closed ... ..	—
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## UNFIT HOUSES CLOSED

### No. of Houses:

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	...	3
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	...	—

### Persons Displaced during year:

From houses to be closed:—

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	...	9
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	...	—

### Families Displaced during year

From houses to be closed:—

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	...	3
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	...	—

### Parts of Buildings Closed under Section 18, Housing Act, 1957:

Number of Houses	...	...	...	...	—
Number of persons displaced	...	...	...	...	—
Number of Families displaced	...	...	...	...	—

## UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

### After informal action by Local Authority:

by owner	...	...	...	...	4
----------	-----	-----	-----	-----	---

### After formal notice under Public Health Acts:

(a) by owner	...	...	...	—
(b) by Local Authority	...	...	...	—

### After formal notice under Sections 9 and 16, Housing Act, 1957:

(a) by owner	...	...	...	—
(b) by Local Authority	...	...	...	—

### Under Section 24, Housing Act, 1957:

by owner	...	...	...	...	—
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## UNFIT HOUSES IN TEMPORARY USE

### POSITION AT END OF YEAR

#### Retained for temporary accommodation:

##### Under Section 48

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

##### Under Section 17 (2)

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

##### Under Section 46

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

##### Licenced for temporary accommodation under Section 34 or 53

No. of houses	...	...	...	...	...	Nil
---------------	-----	-----	-----	-----	-----	-----

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## PURCHASE OF HOUSES BY AGREEMENT

#### Houses in clearance areas other than those included in confirmed Orders or Compulsory Purchase Orders

No. of houses	...	...	...	...	...	Nil
No. of occupants		...	...	...	...	Nil

---

#### No. of families rehoused during the year into Council owned dwellings

(a) Clearance Areas, etc.	...	...	...	42
(b) Overcrowding	...	...	...	10

## RENT ACT, 1957

(a) No. of certificates of disrepair granted	...	—
(b) No. of undertakings to execute repairs given by owners to the local authority	...	—
(c) No. of certificates of disrepair cancelled	...	—

## NEW DWELLINGS

#### No. of new dwellings completed during the year:

By the Local Authority	...	...	...	42
By Private Enterprise	...	...	...	266

GRANTS FOR CONVERSION OR IMPROVEMENT OF  
HOUSING ACCOMMODATION

	Formal applica- tions received during the year	Applica- tions approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work) ... ..	Nil	Nil	Nil
(b) IMPROVEMENTS ... ..	38	37	73



## SANITARY CIRCUMSTANCES OF THE AREA

**Water Supply.**—Wakefield and District Water Board continue to be responsible for the supply and distribution of water to your Urban District. No complaint has been received in respect of either the quality or the quantity of the water. Occasional samples of water are taken and submitted for analysis. Below is a copy of the result of one sample taken:—

Appearance	...	...	...	Clear and Colourless.
Colour (Hazen)	...	...	...	5
Chloride (mg/litre Cl.)			...	26
pH	...	...	...	8.3
Electrical conductivity (Dionic)				165
Alkalinity (mg/litre CaCO <sub>3</sub> )			...	14
Hardness (mg/litre CaCO <sub>3</sub> )			...	62
Iron (mg/litre)		...	...	Nil
Manganese (mg/litre)			...	Nil
Free Chlorine (mg/litre)			...	0.3
Total Chlorine (mg/litre)			...	0.35

**Sewage Disposal.**—No change has taken place during the year, and the results and effluents have been satisfactory.

**Drains and Sewers.**—There still remain to be carried out improvements to the Limepit Lane and Potovens Lane sewers which are too small at times of heavy rain.

**Public Cleansing, etc.**—Matters relating to Public Cleansing, Closet accommodation, Camping Sites, Disinfection and Smoke Abatement, are fully dealt with in the Report of the Senior Public Health Inspector.

**Swimming Baths and Pools.**—There is no public bath in the Stanley Urban District.

**Factories and Workshops.**—Parts 1 and 8 of the Act fall within the scope of administration of this Authority. It will be noted from the following tables that there are no Outworkers in the District and that no special action has been necessary throughout the year. Routine inspections have been carried out in respect of Part 1 of the Act and again no special action has been necessary.

## CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found			Number of cases in which Prosecutions were instituted	
				Found	Remedied	Referred :		
						to H.M. Inspector		by H.M. Inspector
Want of cleanliness .. ..				—	—	—	—	—
Overcrowding .. ..				—	—	—	—	—
Unreasonable temperature .. ..				—	—	—	—	—
Inadequate ventilation .. ..				—	—	—	—	—
Sanitary Conveniences :—								
Insufficient .. ..				—	—	—	—	—
Not separate for sexes .. ..				—	—	—	—	—
Unsuitable or defective .. ..				—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..				—	—	—	—	—
Total .. ..				—	—	—	—	—

## OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 133			Section 134	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	—	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	—	—	—	—	—	—

**FACTORIES ACT, 1961**  
**INSPECTION FOR PURPOSES OF PROVISIONS AS TO**  
**HEALTH.**

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	12	10	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority .. .. .	29	30	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	4	30	—	—
TOTAL	45	70	—	—

## SANITARY INSPECTION OF THE AREA

### Milk and Dairies.

Milk Samples taken	...	...	...	...	26
--------------------	-----	-----	-----	-----	----

### Food and Drugs Inspections.

Meat Inspections	...	...	...	...	1,096
Bakehouses	...	...	...	...	28
Food Inspections	...	...	...	...	294
Ice Cream Sampling	...	...	...	...	18
Fish Shop Inspections	...	...	...	...	30

### Housing.

Houses inspected and recorded	...	...	...	...	210
General Surveys	...	...	...	...	20
Public Health Inspections	...	...	...	...	124
Re-visits	...	...	...	...	96

### Offensive Trades.

Inspection of Knackers Yard	...	...	...	...	12
-----------------------------	-----	-----	-----	-----	----

### Sanitary Matters.

Inspection of Verminous Premises	...	...	...	...	1
Inspection for Rat and Mice Infestation	...	...	...	...	143
Smoke Observations	...	...	...	...	30
Inspection re Refuse Removal and Disposal	...	...	...	...	404
Factories and Workshops	...	...	...	...	70
Tents, Vans and Sheds	...	...	...	...	6
Inspection for Nuisances	...	...	...	...	148
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**ANNUAL REPORT**  
**of the**  
**PUBLIC HEALTH INSPECTOR AND**  
**CLEANSING SUPERINTENDENT**  
(D. Walker, Ass. R.S.H., M.A.P.H.I.)  
**for the year**  
**1 9 6 4**

To the Chairman and Members of the  
STANLEY URBAN DISTRICT COUNCIL.

Gentlemen,

I beg to submit my 14th report upon the work done by your Health Department.

Many of the inspections and much of the statistical data are to be found in the Report of the Medical Officer of Health.

The supply of building labour for general repair work appears to have become no more easily obtained than in past years and the ever increasing cost of this commodity continues so that the economical repair of older houses for letting purposes becomes more and more difficult. This results in many owners being only too glad to have tenanted houses condemned or empty houses sold. Many owner/occupiers in these older houses also take this line of action and are pleased to be rehoused and their old house disposed of. The continued sale of houses rather than letting them as they become vacant, together with the Council's Slum Clearance programme, has tended to reduce the number of complaints received by the Department concerning housing repairs.

The extensive building of new houses throughout the area has continued, and indeed has increased and this has tended to attract building labour away from the less attractive repair work, although a majority of the houses continue to be built by outside contractors who bring in their own tradesmen.

The Council's own building programme however has been covered wholly by the employment of local labour, as in the past few years.

The Council's Slum Clearance work has been continued and the Council are on with the second five years' programme which envisages dealing with 352 houses. So far 126 of these houses have been dealt with and re-housing is progressing slowly although reasonably satisfactorily.

Negotiations were completed for the purchase by the Council of two fairly large sites at Outwood and Wrenthorpe which have been cleared of Slum property, and development of these sites will take place in the near future.

As a result of the Council's continued Slum Clearance programme, standard improvement grant scheme and the Rent Act, 1957, a good number of the better type houses have been repaired and brought up to a satisfactory standard.

Standard improvement grants have again increased but, as in the past years, have been limited chiefly to owner/occupiers and only in isolated instances have rented properties been improved.

Houses for letting in the area, other than Council houses, have been very small in number as practically all the vacant houses are being sold. In some cases the houses have been included for early consideration in the Council's Slum Clearance programme.

At the end of 1964 there were 256 applicants for Council houses and 160 for bungalows or one bedroomed flats.

During the year 42 houses were completed by the Council, six two-bedroomed houses at Lane End, Stanley, four three-bedroomed houses at Bottom Boat Road, Stanley, four two-bedroomed houses at Batley Road, Kirkhamgate, fourteen two-bedroomed, six three-bedroomed, and eight Aged Persons' bungalows on the Church Lane, Outwood estate.

Staff difficulties were again experienced during the year when Mr. T. Howard left to take up an appointment with Halifax C.B. after being with us for only 18 months. Mr. J. Hepworth replaced Mr. Howard and took up duties with the Council in June, 1964.

Meat inspection work has continued on a heavy scale and details are shown later in the report. So far as is known all meat killed in the district is inspected and

since the coming into force of the Meat Regulations, 1963, all carcasses have been stamped as required by this Act.

I should like to express my appreciation to the Chair- and Members of the Council for the encouragement and consideration they have given me during the past twelve months.

### Abatement of Nuisances.

Number of Choked drains and W.C's cleared	...	166
„ „ Sink wastes repaired	... ..	4
„ „ Defective drains repaired	... ..	14
„ „ Water closets repaired	... ..	20
„ „ Inspection chambers repaired	... ..	4
„ „ Eavesgutters/downspouts repaired	... ..	19
„ „ House roofs and damp walls repaired	... ..	10
„ „ Flooded cellars	... ..	16
„ „ Damp houses remedied	... ..	36
„ „ House floors repaired	... ..	2
„ „ Walls replastered	... ..	5
„ „ New sinks fixed	... ..	2
„ „ Windows re-corded and repaired	... ..	6
„ „ Fireplaces repaired	... ..	4
„ „ Defective dustbins removed	... ..	244
„ „ Verminous premises	... ..	1
„ „ Dirty premises	... ..	2
„ „ Beetle infested premises	... ..	10
„ „ Rat infested premises	... ..	143
„ „ Burst services	... ..	4
„ „ W.C. Soil pipes repaired	... ..	20
„ „ Doors repaired/renewed	... ..	5
„ „ Cooking ranges repaired	... ..	3
„ „ Defective chimneys	... ..	4
„ „ Insanitary yards	... ..	1
„ „ Accumulations of refuse	... ..	1
„ „ Dangerous buildings	... ..	2



## Meat and Food Inspection.

Meat inspection has again taken up a great deal of time, and slaughtering has increased during the year. The actual number of animals slaughtered was 1,819 more than in the previous year.

The Council's charges for meat marking are:—Cattle 9d. per carcase, Pigs — 6d. per carcase, Sheep — 3d. per carcase. During the year £90 was realised from private slaughterhouses and £572 from Farm Stores.

4 slaughterhouse licences were renewed for a further period of 12 months, to the end of December, 1964. The slaughterhouses are inspected by an Inspector from the Ministry of Agriculture, Fisheries and Food prior to licences being renewed and at other intervals, and there appears to be very little that they wish to complain of.

Week-end slaughtering is practically non-existent as almost all slaughtering is carried out at reasonable hours from the inspection point of view and no overtime is necessary. 100% meat inspection service is carried out.

The Public Health Laboratory as in past years have been very helpful, having examined and advised upon any specimens of a doubtful character which have been taken to the laboratory from time to time.

During the Aberdeen food poisoning outbreak the various food premises in the district were visited and stocks of suspect corned beef detained as was done throughout the rest of the country.

At one of the wholesalers in particular it was necessary for a considerable number of the suspect tins to be returned to the main importers.



### Carcases Inspected and Condemned.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ..	398	592	1	1778	26584
Number Inspected ..	398	592	1	1778	26584
<i>All Diseases except Tuberculosis and Cysticerci :—</i>					
Whole carcases condemned	Nil	1	2	Nil	61
Carcases of which some part or organ was condemned	Nil	90	Nil	29	4396
Percentage of the number inspected affected with disease other than tuber- culosis ..	Nil	15·4%	100%	1·8%	17%
<i>Tuberculosis Only :—</i>					
Whole carcases condemned	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	Nil	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with tuberculosis ..	Nil	Nil	Nil	Nil	0·3%
<i>Cysticercus :—</i>					
Carcases affected ..	Nil	2	Nil	Nil	Nil
Carcases subjected to freez- ing treatment ..	Nil	Nil	Nil	Nil	Nil

Details of visits, animals slaughtered and condemnations made are shown below:—

Total visits	... .. 1,016	Cows inspected	... 592
Carcases marked (Public		Cattle	„ ... 398
Health Meat Regul;)		Pigs	„ ... 26,584
	29,353	Sheep	„ ... 1,778
		Calf	„ ... 1

### Condemnations.

1 Cow carcase & all organs	400 lbs.	Emaciation
1 Calf „ „ „ „	44 lbs.	Fevered
Bovine heads ... ..	2	Abscessed
„ „ „ „	1	Actinobacillosis
„ tongue ... ..	1	Actinobacillosis
„ livers ... ..	8	Abscessed
„ „ „ „	19	Telangiectasis
„ „ „ „	25	Fascioliasis
„ „ „ „	6	Cirrhosis
„ „ „ „	7	Distomatosis
„ „ „ „	1	Hydatid cysts
„ lungs (sets of) ...	1	Hydatid cysts
„ hearts ... ..	1	Pericarditis
„ „ „ „	2	Degenerated cysticercus bovis
„ kidneys ... ..	5	Nephritis
„ „ „ „	5	Hydronephrosis
„ „ „ „	1	Cystic
„ udders ... ..	7	Mastitis
Beef trimmings ... ..	70 lbs.	Bruising
Boar carcase & all organs	1	Moribund
Sow „ „ „ „	1	Septic Peritonitis
„ „ „ „	2	Septic metritis
„ „ „ „	2	Septicaemia
„ „ „ „	2	Pyæmia
Pig „ „ „ „	8	Emaciation
„ „ „ „	3	Peritonitis
„ „ „ „	3	Bruising
„ „ „ „	1	Oedema

Pig carcase and all organs	2	Swine Erysipelas
„ „ „ „ „	1	Jaundice
„ „ „ „ „	21	Pyæmia
„ „ „ „ „	3	Septic Peritonitis
„ „ „ „ „	4	Moribund
„ „ „ „ „	2	Fevered
„ „ „ „ „	3	Septicæmia
„ „ „ „ „	2	Emaciation and Oedema
„ heads ... ..	781	Tuberculosis
„ „ ... ..	28	Abscessed
„ livers ... ..	56	Cirrhosis
„ „ ... ..	21	Milk Spot
„ „ ... ..	13	Hydatid cysts
„ „ ... ..	15	Necrosis
„ „ ... ..	1	Cysticercus tenuicollis
„ lungs (sets of) ...	1622	Pneumonia
„ „ „ „ ...	7	Pleurisy
„ „ „ „ ...	1	Abscessed
„ plucks ... ..	330	Pleurisy and Peritonitis
„ „ ... ..	1530	Ascaris lumbricoides
„ „ ... ..	3	Hydatid cysts
„ „ ... ..	2	Abscessed
„ hearts ... ..	530	Pericarditis
„ kidneys ... ..	14	Cystic
„ „ ... ..	2	Cystic
„ „ ... ..	2	Nephritis
„ „ ... ..	6	Hydronephrosis
„ flair fats ... ..	43	Peritonitis
„ stomachs and intestines	41	Enteritis
„ legs ... ..	333 lbs.	Moribund
„ „ ... ..	234 lbs.	Bruising
„ „ ... ..	21 lbs.	Fractured
„ „ ... ..	6	Arthritis

Pig hocks	...	...	11	Abscessed
„ „	...	...	1	Bruised
„ „	...	...	73	Arthritis
„ „	...	...	6	Rheumatism
„ „	...	...	2	Anklosis
„ trimmings	...	...	146 lbs.	Bruising
„ „	...	...	20 lbs.	Peritonitis
„ „	...	...	111 lbs.	Abscessed
„ „	...	...	53 lbs.	Urticaria
„ legs	...	...	50 lbs.	Bruising and Rheumatism
„ udder	...	...	12 lbs.	Mastitis
„ mesenteric fats	...	...	7	Tuberculosis
Sheep carcase & all organs			1	Oedema
„ „ „ „ „			1	Emaciation
„ livers „ „ „			3	Abscessed
„ „ „ „ „			16	Fascioliasis
„ „ „ „ „			1	Cysts
„ „ „ „ „			2	Distomatosis
„ plucks „ „ „			2	Parasitic
„ „ „ „ „			5	Ascaris lumbrico- coides

### Milk and Other Foods.

26 Official samples of milk were purchased from retailers of the district and submitted to the Public Analyst for analysis. All were reported upon as being genuine milk.

Practically all the milk sold in the district is processed and bottled at large dairies in nearby towns where a close check is made on quality and cleanliness. The dairies have their own laboratories and qualified staff for this purpose and under these circumstances frequent sampling is unnecessary. At present only two dealers deliver unpasteurized milk in the area.

Homogenized milk is now being supplied in considerable quantities by the various dairies.

294 visits were made for the purpose of inspecting the various food shops and food preparation premises in the



district. It was found necessary to condemn the following articles of food for the reasons shown:—

12 lbs. Ox Tongue	..	...	Decomposition.
18 lbs. Jellied Veal	...	..	„
18 lbs. Pork Tenderloin	...	..	„
4 lbs. Luncheon Meat	...	..	„
140 lbs. Stewing Steak	...	..	„
6 lbs. Corned Beef	...	...	„
806 lbs. Pressed Ham	...	...	„

### **Bakehouses.**

28 inspections were made of the bakehouses in the district where only minor defects were found and made good on verbal intimation to the owners concerned. There are only 3 bakehouses in the district.

### **Ice Cream.**

18 samples of Ice Cream were taken for bacteriological examination and all these were Grade I.

There are no Ice Cream manufacturers in the district and all Ice Cream sold in the shops is pre-packed and of well-known proprietary brands. 52 shops were registered for the sale of Ice Cream under the Food and Drugs Act, 1955, and these are regularly inspected.

The Ice Cream vans visiting the area are mostly owned by multiple firms, and these are of modern type with satisfactory washing facilities for the use of the driver.

There now appears to be a practice for a man to hire a van and to sell the ice cream he buys from the firm on his own account.

### **Food Hawkers.**

24 hawkers are registered under the West Riding (General Powers) Act, Section 76, and 14 premises for the storage of food for hawking. This method of selling remains popular especially on the larger housing estates and this causes much concern to the local shop owners in general.

The type of vehicle used is very varied, in some cases they have been converted from other types of vehicles and leave a lot to be desired. Those used by the recognised

firms are quite satisfactory. The vans are inspected when they are seen in the district and during the year 30 inspections were made.

In view of the small number of hawkers registered under this Act, it is thought that there are many hawkers who are unaware of the registration requirements. The frequent changes of ownership of some of the vehicles also makes administration of the Act difficult.

### **Offensive Trades.**

Only the trade of fat melting is carried on in the district at Redfearns factory in Lindale Lane, Kirkhamgate, which was previously used for the processing of kitchen waste. The Knackers Yard at Kirkhamgate also has an Iwell Labs type plant installed to deal with the sterilisation of diseased meat which is received at these premises.

The Knackers Yard has been the subject of complaints from the neighbourhood due to the odour emanating from the plant. The owner of these premises has now realised that to eliminate the odour and the complaints from the nearby recently erected estates the expense would be excessive and during the year he discontinued the process completely. Since he did this no further complaints have been received.

In all other matters the Knackers Yard is kept in a satisfactory condition both structurally and from the cleanliness point of view. The number of animals being brought to the premises grows less and less as the effects of the Tuberculin Tested herds scheme is felt.

### **Fish and Chip Shops.**

There are 17 shops registered with the Council under the Food and Drugs Act. During the year 30 visits were made to these premises. Generally there is a good class of shop in the district and improvements are continually being carried out, particularly the conversion of the pans to gas firing in place of coal firing.

### **Factories and Workshops.**

70 visits were made to factories and workshops in the district and the premises found to be satisfactory.



The number of premises on the register at the end of the year was 29 with, and 12 without, mechanical power.

### **Offices, Shops and Railway Premises.**

Preliminary inspections of premises applying to be registered under this Act were made and the appropriate returns made to the Ministry.

The number of premises registered under the Act is 28 and employ 429 persons. Quite a large number of similar type premises exist in the district but as no persons are employed there for the requisite period of time, they do not come within the meaning of the Act.

### **Smoke Abatement.**

The main sources of industrial smoke in the district are two Colliery chimneys, three brickwork chimneys, and three small factory chimneys.

The main railway line and the shunting yard at Lofthouse Colliery are sources of nuisance, being caused by the smoke from engines, and particularly the shunting engines, being used in the pit yard. The nuisance has become more noticeable and continues to be subject to more complaints since the area around the pit yard and brickworks' yards has been built up and the houses occupied. The houses concerned are mostly gas heated and this makes the nuisance more noticeable by the tenants, who do not themselves use coal.

The National Coal Board have now replaced one of the coal fired shunting engines with a diesel locomotive and have made arrangements for a second one to be provided.

The gradual electrification of the main line trains using the line through this part of the area has reduced the smoke nuisances previously complained of and when the next diesel locomotive is supplied in the pit yard the only complaints should be concerning the grit and dust from the coal screens and yard.

There has been no nuisance caused by the Lofthouse Colliery chimney where large scale electrification greatly reduced the number of boilers used. The only appreciable amount of smoke emitted from industrial chimneys has once again been from local brickworks which at times

emit dark smoke for periods in excess of the permitted period.

One of the chimneys at Farm Stores gives rise to a slight nuisance at odd times even though the plant is fully automatic.

Many of the new houses now being built are being fitted with gas and electric heating in place of the coal heating arrangements, which have previously been the favoured methods in this district.

The survey for the Council's first anticipated smoke control area was completed during the year but in view of the Ministry Circular concerning smokeless fuel supplies, no further action was taken during the year.

During the year 70 old pre-war fireplaces were replaced in Council houses by 30 modern type combination fireplaces, and 40 tiled fireplaces along with gas or electric cookers.

30 observations were taken of the various chimneys in the district.

### **Colliery Tips.**

There was again no nuisance caused from Colliery tip fires, the tips in the area which did cause trouble in the past having now burnt themselves out.

The tip at Stanley, which is used by Newland Colliery at times shows slight signs of fire but not sufficient to cause a nuisance. Tipping is also carried out at Parkhill Colliery.

Red shale is still being removed in large quantities from the large stack at Lofthouse Colliery and it is hoped that it will soon be possible for the whole of this stack to be cleared.

It is anticipated that when the new road is commenced in the area that the whole of the stack will be taken away.

There is now no nuisance from the tip in the Rothwell area which abuts on Lingwell Nook Lane, Lofthouse Gate.



Colliery waste is being tipped into the adjoining brickworks quarry which is rapidly being filled in and consolidated. There appears to be no risk of fire from this operation.

## HOUSING.

General Housing inspections and investigation of complaints continued to take up a considerable amount of time although the Sium Clearance programme and the sale of houses throughout the year reduced the number of housing repair complaints.

Shortage of labour for general housing repair work, and particularly bricklaying, seems to be getting greater as some of the smaller local building firms have gone out of business and the work is left to the large firms who prefer to carry out the new building and improvement work rather than repair work.

Building repair work costs also continue to rise and this has been made evident with the increased maintenance costs to the Council's estates where the recently increased allocation of £2 per house has been fully spent and indeed exceeded.

There is still a shortage of bricklaying labour in the Council's own staff, but in the joinery and plumbing trades we are well staffed and able to meet repair work as it comes along and carry out certain improvement works.

The introduction of a bonus scheme on the painting staff should allow us to paint all houses by direct labour.

Housing inspections are not carried out as routine work of the department owing to the shortage of available labour but only where Clearance action is contemplated or where complaints have been reported by the tenant.

No applications were received during the year for certificates of disrepair.

The suggested Slum Clearance programme has continued during the year when 20 houses were dealt with as individual unfit houses. There was no appeal or opposition by the owners.

No Clearance areas were represented during the year as all the properties could more easily be dealt with by action as individual unfit houses.

42 Council dwellings were completed during the year compared with 40 last year. 18 of these were 2 bedroom type, 16 three bedroom type and 8 aged person's bungalows, built on the Church Lane extension site and other small sites in the area.

All new houses were again let to tenants of condemned houses in order to attract the Government subsidy, although, as before, by the arrangement of transfer and exchange the best possible use of the available accommodation was made.

61 relettings of Council houses during the year were as follows:—15 to families in lodgings, 10 to overcrowded families, 20 to aged persons' bungalows or flats and 16 to special cases.

The total number of houses, flats, and bungalows owned by the Council at the end of the year was 1,921.

In spite of the 1,016 houses built by the Council since the end of the war, and the very extensive residential development throughout the area there still remains a shortage of housing accommodation in the district. Building land becomes scarcer and more difficult to obtain with a subsequent increase in the prices being demanded for any available land.

The demand for Council houses does not appear to be quite as acute as in the past. There is considerable under-occupation of the larger type Council houses.

266 houses were built by private enterprise during the year but very few of these were sold to persons on the Council's application list or already residing in Council houses so that they had little effect on the Council's waiting lists.

In view of the Government subsidy all new houses built by the Council have again been utilised for the rehousing of Slum Clearance tenants and whilst this policy continues it will be a long time before some of the young couples now living in lodgings are allocated Council houses owing to the very small number of relets which are available from time to time.



There is still a large demand for bungalows and flats as the population of the district ages, and in spite of deaths, re-housing, etc., the number of applicants for these types of dwellings increases. The added attraction for these dwellings are the Warden's schemes which are now being operated on the various estates consisting of bungalows and flats and the schemes are proving a great success. At present there are Wardens and Community centres at four estates and 5 visiting wardens also operate on the estates where there is no centre provided.

It is also hoped that the scheme of visiting wardens will be extended to cover aged people in private houses.

The Council's application list at 31st December, 1964 showed the following applicants:—

In lodgings	...	...	...	...	54
Not in lodgings	...	...	...	...	202
Bungalow or 1 bedroom flats	...	...	...	...	180
					<hr/> 436 <hr/>

The Council are proceeding with their scheme for the replacement of fireplaces in their pre-war houses at a weekly rent increase of 2/- per week to cover the cost of approximately £60 for the replacement.

70 fireplaces were replaced during the year, as follows:—

30 combination ranges, and 40 tiled fireplaces with either gas or electric cookers.

37 improvement grants were made during the year for the improvement of older type houses, mainly towards the cost or provision of hot water and bath systems and inside W.C's. In most of the cases the applicants were owner/occupiers.

### **Overcrowding.**

The Council's points scheme is based upon bedroom accommodation rather than total room accommodation and on this standard 14 applicants for Council houses, not including persons living in lodgings, were living in over-crowded conditions and 6 families occupy houses

where the sleeping accommodation causes moral overcrowding. No statutory overcrowding has been notified or found by inspection.

### **Cesspool and Sewage Works.**

The road gullies and the 15 cesspools in the district have all been cleansed regularly by the Council's 759 gallon mechanised gully and cesspool emptier. The machine has continued to be loaned to the Ossett M.B.C., Horbury U.D.C. and Garforth U.D.C., thus allowing an economical service to be provided.

Gross income from other Authorities during the year amounted to £1,132.

### **Tents and Caravans.**

Only two caravans are at present being used as permanent dwellings.

The sites at the Drum and Monkey Inn, Outwood, Sun Inn, Lofthouse Gate, and the White Hart Inn, Lingwell Gate Lane, are still used on a small scale during the winter period by members of the Showmen's Guild but are cleared away in the summer. These sites are unsatisfactory as permanent camping sites and the recent building up of the adjoining areas has resulted in complaints being made during the period when the sites have been occupied.

### **Verminous Premises.**

The houses of persons allocated Council house tenancies are inspected prior to removal and are sprayed where necessary with insecticide.

The use of foundry sand as a covering material on the tips has kept them clear of flies and crickets.

143 properties were treated for the eradication of rats and mice, the only major infestations again being on the refuse tips and sewage works.

No sewer treatment was carried out during the year as the majority of the main sewers are running almost full for much of the time.



## Urinals.

A commencement has been made upon the building of three toilets, at Lofthouse Gate, Stanley, and Wrenthorpe to make good the facilities previously offered to the public by the public houses where the toilets were placed outside. The gradual placing of these inside the public houses has made essential this provision by the Council. The toilets should be ready towards the middle of next year.

The two urinals now in the district have been regularly cleansed and kept as clean as possible. They continue to be subject to a considerable amount of damage to fittings, windows, etc., during the year and their condition has deteriorated in spite of efforts to keep them repaired.

## Cleansing.

The cleansing of the department is carried out by direct labour, the staff consisting of one foreman, three drivers, and twelve labourers. Conditions generally throughout the year have been satisfactorily maintained at intervals of 8 — 10 days and complaints respecting the service have been received only at holiday times when there has been unavoidable delay.

Once again it has been possible to maintain a full staff and so far no labour problems have been felt. Only at times of heavy sickness and holiday periods has it been necessary for additional labour to be employed.

This year has been one when two of the staff reached retirement age and left the service early in the new year. This meant that new staff has had to be found and these have been obtained by transfer from other departments.

Staff is becoming more difficult to obtain and it will in my opinion be necessary for better conditions and wages to be given or some suitable bonus scheme negotiated in order to bring down or even maintain the rate of collection.

More and more people are now looking for a seven day period of collection and this problem will have to be faced in the near future.

All choked drains have been cleansed by the department and the urinals regularly cleansed and maintained.

3 S & D fore and aft tipper vehicles are employed on refuse collection and the vehicles give satisfactory service with low maintenance costs. The oldest of these vehicles is now 11½ years and it will be necessary for a replacement to be made in the near future.

A second-hand vehicle of the same make was purchased from a neighbouring Authority and by using as a spare for six months this allowed us to fully overhaul the others ready for winter. The vehicle is now being stripped for spare parts.

The Bristol tractor obtained on hire last year for pushing over refuse and covering the tip appears to be ideal for the work and is much more suitable than the rubber-tyred Fordson tractor previously used.

Tipping has been concentrated at Ferry Lane, Stanley. Spare tipping room is available at Lee Moor if necessary.

A good supply of foundry sand has allowed us to keep the tip continually covered with a layer of sealing material. Fires have now lost their importance as they can be quickly put out by the use of this sand. There is also a marked lessening in the number of cut tyres to the vehicles.

No complaints have been received during the year concerning the condition of the tip and cricket infestation has been completely eradicated.

Extensive roadside tipping has taken place in Jerry Clay Lane outside the fencing to the old tip and during the year one prosecution was taken by the police against persons caught tipping.

During the year no salvage was collected and all waste paper has been disposed of down the tip. Whilst this has reduced income it has helped in speeding up collections generally and I am sure that salvage with the prices of materials as they are and labour costs increasing it is not a paying proposition.

The general composition of refuse continues to change and the ash content gets less and less, whilst cardboard, paper, tins, bottles, etc., of a light bulky nature get more and more and the Council are to consider the question of paper sack method of refuse storage early next year.

Now in its 13th year the scheme for the provision of dustbins as a charge on the rates has continued satisfactorily. During the year 244 defective dustbins were replaced. As a result of the scheme there are now no bad bins with consequent improvement in the storage and collection of household refuse.

### **Petroleum Spirit Stores.**

22 licences for the storage of petroleum spirit are in force in the district. the quantity of spirit stored ranging from 25 gallons to 250,000 gallons.

Regular visits have been made to all these premises to ensure that the regulations and safety precautions have been complied with.

There is still a tendency for the garages to modernize their filling stations and more and more are installing extra and larger storage tanks to meet the increased demand for petrol.

During the year Total Oil Products set up a large distribution depot at the Stanley Ferry Basin where 350,000 gallons of Petrol, Diesel, and Gas Oil are stored.

### **Hairdressers.**

There are 14 hairdressers registered under the West Riding (General Powers) Act, 1951. Section 120. We have no byelaws in force in the area. The premises are kept in a clean and satisfactory condition.

### **Miscellaneous Table.**

Letters sent out	...	GENERAL	...	2,218
Informal Notices	...	HOUSING	...	204

I remain, Gentlemen,

Your obedient Servant,

D. WALKER.







